

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2611
401.222.3000

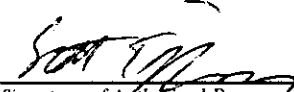
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

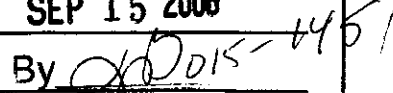
1. ID No. 142301		2. Exact name of the limited liability company TIME FRAME FILMS LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Film and video production	
5. Principal office address 193 Chace Avenue		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Scott Tiffany		Contact Title President	
Street Address 193 Chace Avenue		City Providence	State RI
		Zip 02906	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
			Zip 6
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Scott Tiffany		Address	
Address 193 Chace Avenue		City Providence	State RI
		Zip 02906	

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 SEP 15 PM 4:23
 SECRETARY OF STATE

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


 Signature of Authorized Person
 Date: 9/19/06
 SCOTT TIFFANY
 Print or Type Name of Authorized Person

File Date **FILED**
 SEP 15 2006
 Check No. _____
 By: 
 0015-6451
 FOR SECRETARY OF STATE USE ONLY